



Instructions for Filing Annual Report for a Limited Liability Company

[Section 7-16-66](#) of the General Laws of Rhode Island, 1956, as amended

The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant statutory provision. This form and the information provided are not substitutes for the advice and services of an attorney and/or tax specialist.

This legal document should be typed. All illegible documents will be REJECTED.

How to complete the form:

1. List the entity's ID number. The ID number can be found by looking up your entity in the [Corporate Database](#). Please include this number on your check and refer to it in any future correspondence or filings with the Business Services Division.
2. List the name of the limited liability company. The entity name can be verified through our [Corporate Database](#). If the entity name has changed an amendment, form [401](#) or form [451](#), must be filed with this office. [Electronic filing](#) may be available.
3. Select the NAICS Code that applies to the type of business you are conducting. Further information on the [NAICS Codes](#) can be found online.
4. Provide a brief description of the character of business in which the limited liability company is actually engaged in this state. If the entity is inactive, this section must still be completed.
5. List the state or country of organization.
6. List the address of the principal office of the limited liability company.
7. List the current mailing address and the name or title of a person to whom communications may be directed.
8. If applicable, provide the name(s) and address(es) of the limited liability company's manager(s). If additional space is needed, check the box and include the entity ID number on the attachment. **DO NOT LIST MEMBERS IN THIS SECTION.**
9. The limited liability company's resident agent and resident office is of record in this office and can be found on the entity summary screen. If the resident agent and/or address of the resident agent has changed, a Statement of Change of Resident Agent/Resident Office ([Form 642](#)) must be filed, by [paper](#) or [online](#), with this office.
10. An Authorized Person **MUST** sign and date the form.

How to pay the filing fee:

The filing fee is \$50, payable either in person via cash, credit card, or check at the Business Services Division, or by mail to the Business Services Division via check made payable to the R.I. Department of State.

The filing period for this document is September 1 to November 1. Failure to file this report by December 1 will result in a \$25.00 penalty fee.

How to confirm your filing:

Entity records are retrievable and viewable through our website. Successful filings will **NOT** result in a mailed confirmation. Filings that cannot be processed will be posted [online](#) and then returned. To confirm your submission and obtain evidence of your filing:

- Go to our [Corporate Database](#)
- Enter the name or ID number of your entity and click "Search"
- Click on the link to your entity record, scroll down, select "All Filings" and then "View Filing"
- Identify desired type of filing and click on "PDF" under "Files" to view and print the record
- Filing rejections can be viewed online, via the [Rejected Filings Viewer](#) on our website.

How to maintain your status:

The limited liability company is responsible for filing an annual report each calendar year, excluding the year of organization, between September 1 and November 1. A courtesy reminder will be mailed to the resident agent prior to September 1 of each year. Be sure to follow up with your resident agent concerning the filing of this report. Failure to file an annual report or maintain a resident agent and/or address may result in the revocation of the Certificate of Organization/Registration pursuant to [RIGL 7-16-41](#).

Every entity registered with the Rhode Island Department of State - Business Services Division may have filing requirements with the [Rhode Island Division of Taxation](#), even if no business is conducted within Rhode Island for a particular year. Your business may require additional licensing. Please visit our [website](#) for further information.



STAMP

FOR
SECRETARY OF STATE
USE ONLY**Annual Report for the year: _____**
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number		2. Exact name of the Limited Liability Company			
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island			
5. State of Formation					
6. Principal Office Address		City	State		Zip
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Street Address		City	State		Zip
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Person				Date	
Signature of Authorized Person					

SIGN DOCUMENT HERE

MAIL TO:**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040**Website:** www.sos.ri.gov



The Department of State tracks the number of new business filings on a quarterly and an annual basis. We are seeking more information from limited liability companies and hope these three voluntary questions will help us better present useful trends and information on the health of our economy:

Entity ID Number	Name of the Limited Liability Company
1. Does the business owner self-identify as any of the following:	
<input type="checkbox"/> Woman <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled <input type="checkbox"/> Member of an SBA 8(a) socially and economically disadvantaged group (ie., Black, Hispanic, Native American, Asian Pacific or Subcontinent Asian American)	
2. How many full-time employees does the business have:	
<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-50 <input type="checkbox"/> 51-200 <input type="checkbox"/> 201-500 <input type="checkbox"/> Over 500	
3. What are the gross revenues for the business for the past year:	
<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$51,000-\$250,000 <input type="checkbox"/> \$251,000-\$500,000 <input type="checkbox"/> \$501,000-\$1,000,000 <input type="checkbox"/> Over \$1,000,000	

Please note that all records maintained by or kept on file by the Department of State shall be public records unless exempt from disclosure in accordance with RIGL [38-2 Access to Public Records](#).

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